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THE DOCTORS WEEKLY
AN INDEPENDENT PROGRESSIVE JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

VOL. II—No. 15. NEW YORK, OCTOBER 8, 1892. TERMS $2.00 A YEAR.

7 Reasons why Papoid is superior to Pepsin

1 Digestive Power.

"In other words, Papoid possesses the combined powers of Salivary, Gastric, and Pancreatic ferments." (KILMER.—Paper read before New Jersey Pharmaceutical Association.)

2 Acts Throughout Entire Alimentary Canal.

"An additional advantage of Papoid (in diphtheria) is that it helps Nature to digest whatever food there may be in the alimentary canal." (LOVE, Prof. Clin. Med. and Dis. of Children, Marion Sims Coll. Med. St. Louis.)

3 Stimulates Natural Digestion.

"Pepsin often relieves a present difficulty; but Papoid, in addition, places the stomach in condition to digest the next meal. It is far better to make the stomach do its own work. Pepsin makes the stomach lazy; Papoid does not." (LARRABEE, Prof. Hospital College of Medicine, Louisville, Ky.)

4 Acts in Acid, Alkaline, or Neutral Media.

"But much more convenient than this will be found the dusting of a minute portion of Papoid beneath the protective strips. This succeeds well, because Papoid acts best in a concentrated medium of any reaction whatever, pepsin only in a dilute acid solution." (MORTON, on Leg Ulcers, read before Phila. County Med. Society.)

5 Acts on all kinds of Food. Can be Combined with Antiseptics.

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6 Acts in the Intestines.

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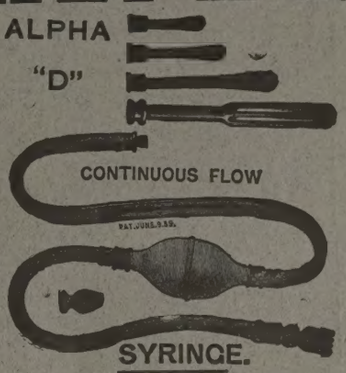

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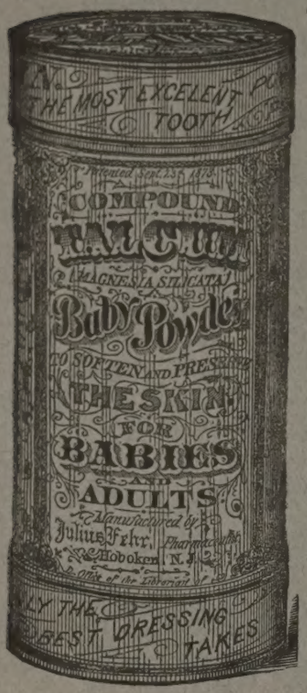

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7 Reasons why Papoid is superior to Pepsin

See Outside Front Cover.

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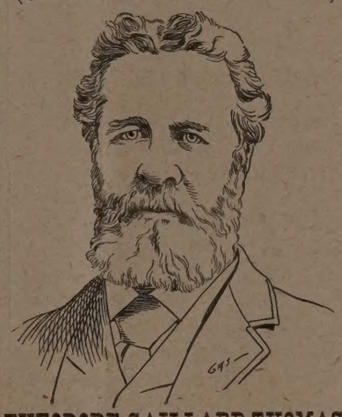
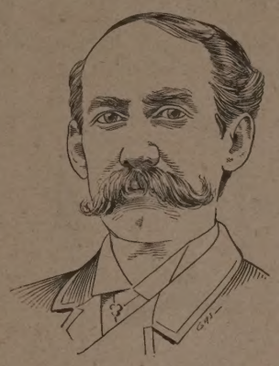


THEODORE GAILLARD THOMAS, M. D.

DR. THEODORE GAILLARD THOMAS was born on Edisto Island, S. C., in 1831. His father was the Rev. Edward Thomas, a distinguished clergyman of the Episcopal Church. Dr. Thomas received his education at the College of Charleston, S. C., and after his graduation in 1852 he removed to New York. Among his eminent preceptors were the most distinguished physicians of that time. With one of them, Dr. John T. Metcalfe, he formed an intimate friendship and afterwards a professional partnership. From that time to the present his practice has been uniformly successful and remunerative, and his reputation has become wide-spread both in this country and abroad.

Dr. Thomas was Professor of Obstetrics at the N. Y. College of Physicians and Surgeons for eighteen years, and Surgeon to the Woman's Hospital for twenty years. His book on "Diseases of Women" has been translated into five languages, including the Chinese, and is a text-book in gynecology.

Dr. Thomas is a Fellow of the Academy of Medicine; member of the County Medical Society and Association, the Pathological Society, Obstetrical Society, Medical and Surgical Society, Society Relief Widows and Orphans Med. Men, and the Physician's Mutual Aid Association. He is Consulting Surgeon to the Woman's and French Hospitals and Consulting Physician to the Nursery and Child's Hospital and N. Y. Infirmary



JOHN A. WYETH, M.D.

The subject of this sketch was born on a farm (on which Wyeth City is now located) in Marshall County, Alabama, in 1845, and lived there until early in the sixties when he enlisted as a private soldier in the Confederate Army. After the war he studied medicine in the Medical Department of the University of Louisville, Ky., where he received his degree in 1869. In 1874 he located in New York City and the next year was appointed assistant demonstrator of Anatomy in Bellevue Hospital Medical College, which institution conferred upon him its *ad eundem* degree. In 1871 he was promoted to the position of Lecturer on Anatomy and Physiology in the Bellevue Summer Course, which he held for three or four years.

In 1876 Dr. Wyeth received the Jas. R. Wood Alumni Association prize at Bellevue, and two years later two prizes were awarded him by the American Medical Association for his paper on the Arteries. The first volume of Wyeth's Surgery made its appearance in 1887. This work at once took its place in the front rank, both as a text-book for students and as a standard for advanced surgeons. The second volume has been printed and the book is having a larger sale than any work on Surgery ever before published in America. In 1890 Dr. Wyeth began the work of organizing the New York Polyclinic and Hospital, which was formally opened in 1882, and with which he is still prominently connected. In 1880 he was appointed visiting surgeon to Mt. Sinai Hospital, a position which he still holds. In 1889 he did his first "Bloodless Hip-Joint Amputation," which he fully described at the annual meeting of the American

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Modern Surgery is now awakening to the fact that in surgery of the future, digestive ferments will play an important part, as now in many cases pepsin has successfully displaced the knife in the removal of blood coagula, sloughs, carious bone, etc., and is valuable as a wash for ulcers wounds, etc., from which it efectually removes all pus and unhealthy tissues.

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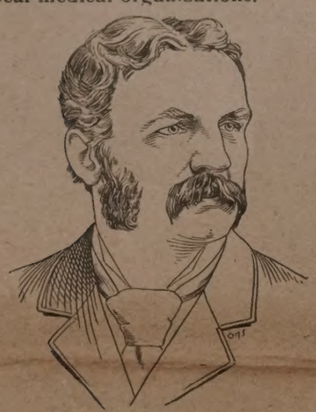
Medical Association in 1890, and also at the meeting of the International Medical Congress at Berlin in the same year. Two years ago he opened a private hospital in East 34th street for the accommodation of surgical cases only.

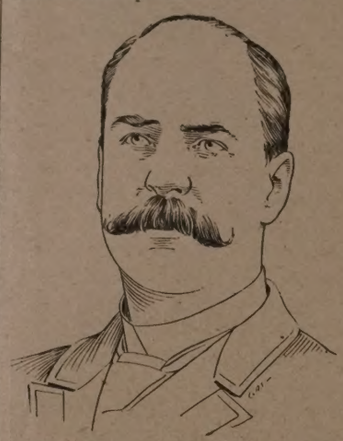
In 1886 Dr. Wyeth married a daughter of the late J. Marion Sims, by whom he has two children. As an operator Dr. Wyeth is deliberate, painstaking and skillful. As a general surgeon he is undoubtedly the peer of any man living. Socially he is a prince among men, making lasting friends of all with whom he comes in contact. He is a member of the American Medical Association, the New York State and County Medical Associations, New York Surgical Society, Academy of Medicine, and several other local medical organizations.



PAUL FORTUNATUS MUNDÉ, M. D.

Dr. Paul F. Mundé was born in Dresden, Saxony, in 1846. He came to America in 1849 and afterwards studied at Harvard, where he received his Degree in Medicine in 1866. From 1867 to 1870 he served as House Surgeon at the Maternity Hospital, Wurzburg, Bavaria, and during the two following years as Battalion Surgeon to the Bavarian Army. In 1871 and 1872 he studied at Heidelberg, Berlin, Edinburgh, London, Paris and Vienna, and received at the latter place the Degree of Master in Obstetrics.

Dr. Mundé returned to this country in 1873, and settled in New York. Since that time he has become widely known as a specialist in gynecology and obstetrics. From 1874 to 1892 he edited the American Journal of Obstetrics. He is the author of "Minor Surg. Gynecology," and was associated with Dr. Thomas in the revision of the text-book on Diseases of Women. He is Professor of Gynecology at Dartmouth College and the N. Y. Polyclinic; Gynecologist to Mt. Sinai Hospital, and Consulting Gynecologist to St. Elizabeth and the Italian Hospitals. He is a Fellow of the Academy of Medicine and of the American, British and German Gynecological Societies. He is Corresponding Fellow of the Obstetrical Societies of Edinburgh and Philadelphia, and a member of the County Medical Society and the Physicians Mutual Aid Association. He is also a member of the Union League, Riding and South Side Sportsmen's Clubs.

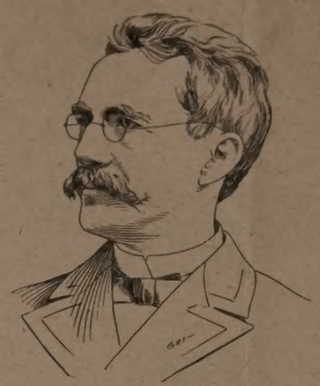


JOSEPH D. BRYANT, M.D.

Dr. Joseph D. Bryant received his early education at the Norwich (N. Y.) Academy. He received the degree of Doctor of Medicine from the Bellevue Hospital Medical College in 1868, and spent the two following years as Interne at Bellevue. He was appointed Surgeon to the 71st Regiment N. G. S. N. Y. in 1873, and Surgeon General in 1892. In 1887 he was appointed Health Commissioner, and Commissioner of the State Board. In 1875 and 1876 he was Asst. Demonstrator in Anatomy at the Bellevue Hospital Medical College; he was afterwards made Lecturer on General Descriptive and Surgical Anatomy, and since 1883 he has been Professor of Clinical Surgery and Associate Professor of Orthopoedic Surgery.

Dr. Bryant is the author of "A Manual of Operative Surgery," published in 1887, and of numerous articles which have appeared in the medical journals. Among the latter are "The Treatment of Fracture of the Thigh with Plaster Paris Bandage;" "Periosteum Flap in Amputation of the Leg;" "Treatment of Gun-shot Wounds of the Cranium;" "Simultaneous Ligature of the External Carotids," etc.

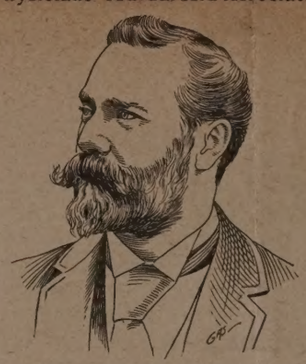
Dr. Bryant is a Fellow of the Academy of Medicine; Member of the County Medical Society; Surgical Society and Practitioner's Society; County Medical Association; Physicians Mutual Aid Association. He is Visiting Surgeon to Bellevue and St. Vincent Hospitals, and Consulting Surgeon to the Gouverneur and Hackensack, (N. J.) Hospitals, and the N. Y. City Insane Asylum,



JOSEPH O'DWYER, M. D.

Dr. Joseph O'Dwyer was born in Summit County, Ohio, October 12, 1841, and graduated in medicine at the New York College of Physicians and Surgeons in 1866. For many years Dr. O'Dwyer has occupied a place in the foremost rank of physicians in New York. His articles on the subject of intubation of the larynx, and the instruments devised by him in this connection have gained for him a reputation both in this country and abroad.

Dr. O'Dwyer is Consulting Physician to the Willard Parker Hospital. He is a Fellow of the Academy of Medicine; member of the County Medical Society; the Society for the Relief of Widows and Orphans of Medical Men, and the Physicians' Mutual Aid Association



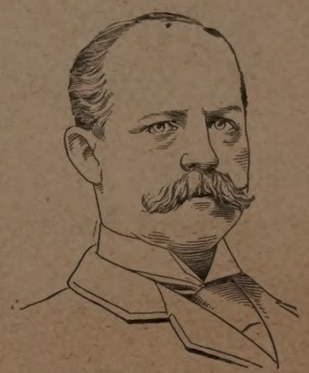
AUGUSTIN H. GOELET, M.D.

Dr. Augustin H. Goelet, the present leading exponent of Gynæcological Electro-Therapeutics in this country, was born near Wilmington, North Carolina, April 1st, 1854, and is the son of the late Dr. Edward H. and Virginia Lane Goelet, of Buncombe Hall, N. C. His father, Edward H. Goelet, was a physician prominently known throughout the state. Entered the University of Virginia, and in 1873 graduated in some of the departments pertaining to medicine after a very severe course of study there.

Upon leaving the University he came north to continue his studies at the Bellevue Hospital Medical College, graduating in 1874. He entered one of the hospitals of this city, serving his time in the surgical department under the late Prof. Frank O. Hamilton.

Dr. Goelet, notwithstanding a large practice, finds time to edit successfully the "Archives of Gynæcology" and to have written a most masterly treatise on the subject of "Electro-Therapeutics in Gynæcology," a work of some four hundred pages. He is also a liberal contributor to medical journal literature.

He is a fellow of the New York Academy of Medicine, the New York Obstetrical Society, member of the New York County Medical Society, and of the Societé Français d' Electro-Therapie, and is now President of the American Electro-Therapeutic Association.



EDWARD L. KEYES, M.D.

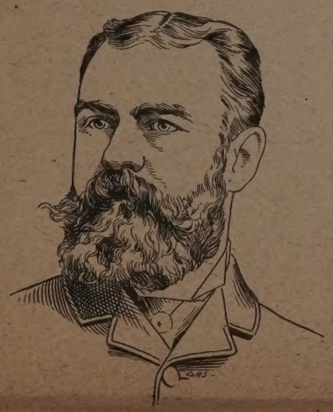
It is curious how large a number of our most successful physicians and surgeons have been either born or educated in the South. Another instance of this is found in Dr. Edward L. Keyes, who was born in Charleston, S. C., August 28th, 1843, son of Erasmus Darwin and Caroline Clarke Keyes, of Brimfield, Mass. Educated by private tutors, and, finally, at Taunton, Mass., he entered Yale in 1859, and was graduated in 1863, taking the degrees of A. B. and A. M. His degree of Doctor of Medicine was taken from the Medical Department of the New York University.

His rise to prominence in the profession has been rapid and uninterrupted, and in his special field he stands in the foremost rank.

He is or has been President of the New York Pathological Society, New York Dermatological, American Association of Andrology and Syphilology, and Vice-President of the N. Y. Academy of Medicine; he is consulting surgeon to the Bellevue, Charity, Skin and Cancer, and Italian Hospitals, and surgeon to St. Elizabeth Hospital; was, at one time, Assistant-Professor of Surgery, and Professor of Genito-urinary Surgery and Dermatology in Bellevue Hospital Medical College. Dr. Keyes is a Fellow of the Academy of Medicine; Member of the County Medical Society; Der-

matological Society and Medical and Surgical Society.

In social life, Dr. Keyes is numbered among the prominent members of the Century and Riding Clubs. He has been an extensive writer of books and monographs on medical and surgical subjects, among which may be named, "Tonic Treatment of Syphilis," "Genito-urinary Surgery," "Effect of Mercury in Increasing the Number of Red Blood Cells," the section on "Urinary Calcus" in Ashurst's Encyclodœdia of Surgery, and numberless essays. So widely is Dr. Keyes known that he is constantly called to all parts of the country to operate or to consult.



PRINCE A MORROW, M. D.

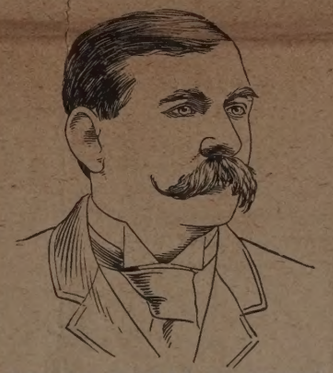
Dr. Prince A. Morrow was born in Christian County, Ky., on December 19th, 1846. He received the Degree of A. B. at Princeton College, and the Degrees of A. M. and M. D. at the University of the City of New York, in 1873.

Dr. Morrow is Clinical Professor of Genito-urinary Diseases at the University of the City of New York. He is Surgeon to Charity Hospital and Consulting Surgeon in Genito-urinary Diseases to the Out Door Department of Bellevue Hospital. He is also Attending Surgeon to the Skin and Venereal Department of the New York Hospital. Dr. Morrow served as President of the American Dermatological Association, and for ten years was editor of the Journal of Cutaneous and Genito-urinary Diseases. He is the author of a number of well-known books connected with his speciality, among them being his "Atlas of Skin and Venereal Diseases," "Venereal Memoranda," "Drug Eruptions," "Syphilis and Marriage," etc.

Dr. Morrow is a Fellow of the Academy of Medicine, a member of the County Medical Society; the N. Y. State Medical Society; the Dermatological Society and the Physician's Mutual Aid Association.

JOHN HERRERT CLAIBORNE, Jr., M.D.

Dr. John Herbert Claiborne, Jr., was born in Virginia, in June, 1861. He received his degree in medicine at the University of Virginia in 1883, and spent the two following years in studying in New York and abroad. He was formerly Associate Editor of Galliard's *Medical Journal*, and is the author of "Theory and Practice of the Opthalmoscope," as well as numerous contributions to the medical journals. Dr. Claiborne is Lecturer in Ophthalmology at the New York Polyclinic.



GEORGE TUCKER HARRISON. M.D.

Dr George Tucker Harrison was born in Virginia, July 23, 1835. He graduated from the University of Virginia, taking the degree of A. M. in 1854. Two years later he graduated from the medical department of the same institution. He spent about nine months, following his graduation, in St. Joseph's Hospital, Philadelphia, and then settled in St. Louis, where he practised his profession till the certainty of secession suddenly recalled him to Virginia. Upon the outbreak of hostilities he offered his services to his State. He was appointed assistant-surgeon at first, but very soon was made surgeon He was present, under Beauregard, at the first battle of Bull Run, and continued in the service till the close of the war.

Dr. Harrison was married in October, following the close of the war, and in 1868 he came to New York City. He fortunately secured a position upon the house staff of the Women's Hospital, and served the regular term in that capacity. A short time subsequently he was appointed assistant-surgeon to the same hospital under Dr. Emmet, serving for a period of fifteen years. When his term of regular service in the hospital had closed, he began the general practice of his profession on his own account, making a specialty of gynecology and obstetrics, along which line he is considered one of the ablest physicians in the city. While enjoying a very lucrative practice, he is known as a careful and conscientious practitioner, who is more devoted to medicine for the sake of the science than for purely personal reasons

In 1890 he was president of the New York County Medical Association, declining a re-nomination on account of a lack of time to devote to the duties of the position.

Dr. Harrison is a Fellow of the Academy of Medicine; member of the County Medical Society, the County Medical Association, and the Obstetrical Society.

Last week we printed photographs of Sayre, Fox, McBurney, Roosa, Rockwell, Manley and McGilicudy. We will add ten or twelve more to the list next week.

Extra copies of the Weekly containing instalments of photographs will be mailed to any address upon receipt of 25 cents per copy. Yearly subscribers will receive the complete gallery without extra cost.—*Editor.*

A CLINICAL LECTURE.

BY DR. PAUL F. MUNDE,

Professor of Gynecology at the New York Polyclinic.

(Reported expressly for the Doctors' Weekly.)

Gentlemen:—Our first patient to-day is a young woman, twenty-six years of age, who has been married eleven years, but has never been pregnant. She menstruates every four weeks, the flow lasting for three days; the last period was three-and-a-half weeks ago. She comes to us complaining of pains in the back and abdomen, and of painful coition, and of a profuse white discharge. The cervix and vagina are both rather shorter than normal, and there is a backward displacement of the uterus, which is, however, congenital. She seems to be quite hyperæsthetic, but otherwise a digital examination reveals no cause for the pain experienced on sexual intercourse. The majority of patients with such a displacement as is found here do not complain of pain arising from this condition so that there does not seem to be enough to account for her symptoms. There is not much cervical catarrh, and no indication of endometritis. Of course, if the endometrium were inflamed, pressure of any kind would be painful. She has been married eleven years yet has never had children. This certainly cannot be due to any mechanical obstacle to the passage of the semen, for you see, as I expose the cervix with a speculum, the external os is wide open. It is more than probable that in this case the fault lies with the husband, and is likely due to some youthful indiscretion which has interfered with the development of the spermatozoa. There are many such cases, but the woman will often be treated time and again for sterility, as the husband is loath to confess that he is accountable for the trouble. I recall now two gentlemen, who to all appearance are perfectly healthy men, yet after treating their wives in vain for sterility I suggested that an examination be made of the semen, when lo! and behold, the spermatozoa were absent. This is a point which is too apt to be forgotten in practice.

Our next patient is a woman, sixty-three years of age, who has been married three times and has had one child, many years ago. It is now twenty years since she passed the menopause. She says that she has suffered from "falling of the womb," and that now there is slight bleeding.

The first thing that struck me as peculiar about her when I introduced my finger into the vagina was the large gaping cervix, but the mystery was soon cleared up, for I found that there has been a complete prolapse of the uterus, and the cervix is lacerated and bleeds readily when touched. This is not a simple erosion, but a true ulceration, for in an ulceration there is a distinct loss of substance, whereas with an erosion there may be even an elevation of the surface. The history of occasional bleeding coming on in one so long past the menopause, naturally suggested to my assistant the possibility of her having some malignant disease. There seems to be an inherent tendency for some people to develop malignant disease, just as there is for some individuals to develop tubercular disease. There is no such condition present in this patient, however, and if we can succeed in keeping the uterus up in position, and in preserving the parts clean

and free from friction or other irritation, the ulceration will speedily heal and she will be practically well. These patients do not stand anæsthetics well, and any plastic operation is objectionable in one of her age, not so much on account of the healing process as because the resulting cicatrices are not sufficiently firm to resist the downward pressure to which they are constantly subjected, and hence, they do not give the support desired. If such an operation were considered advisable, we would first sew up the cervix, leaving a very small opening for the escape of the secretions from the endometrium, and then we would narrow the anterior and posterior vaginal walls by denuding and then sewing up with a running catgut suture an oblong or oval area about one-and-a-half inches in breadth. If she were a widow, and there was no further use for the vagina, interrupted sutures of silkworm gut or of silver wire might be inserted, and left in position. They would cause no irritation or discomfort. The best treatment, however, for this patient would be to have her come back to us once or twice a week and have a tampon of iodoform and tannin inserted. This would make her infinitely more comfortable than any pessary could do.

This third case is a young girl, twenty-two years old, who has been married two years, and has had one child. For the past year, menstruation has returned every three weeks, and the flow has lasted four days. She complains of pain in the back, of headache, constipation, and of a white vaginal discharge. This is a case of simple retroversion, and I have brought her here simply to show you how a pessary should look and feel when it is properly fitted. The pessary which she is wearing is an ordinary hard rubber Smith pessary. This is best introduced with the patient in Sims' position, the pessary being held in the right hand, and at first introduced into the vagina upside-down. When it is pushed up in front of the cervix, with the finger hooked over the bar of the pessary, the instrument is lifted over and behind the cervix into position. A soft rubber pessary soon becomes offensive and irritating, while the hard rubber instrument is not only much more cleanly, but if well fitted, is less likely even than a soft rubber one to cause pain or become displaced. It is a good plan at first to use a soft rubber *flexible* pessary for a week or two until you have determined the size and shape best suited to the individual case, when it is very easy to mold a hard rubber pessary to conform to this pattern. When once well fitted, it is only necessary for the patient to return to you for observation about once in three months. If there be much tenderness, it is a contra-indication to the use of a pessary, for it is usually due to acute or subacute inflammation of the pelvic peritoneum or of the cellular tissue, or to hyperaemia, from excessive coition, or other cause. There are, of course, occasional cases where the tenderness is not due to inflammation—for example, when there is a prolapsed ovary—where a soft rubber pessary may be temporarily advantageous; but even here, it is usually better to make use of the cotton tampon until such time as it is safe to insert a hard rubber pessary.

Here is another elderly woman. Without even hearing her history, I am willing from inspection alone, to make a partial diagnosis. That woman has had a pruritus vulvae, and I know it by the whitish cicatricial appearance of the vulva. This is not normal skin, and the appearance is due to constant scratching. I find now that she comes to us partly on account of this pruritus. With the exception of the changes about the genitals due to old age, there is no other abnormality. Where you can find no acrid discharge or other local cause for the pruritus vulvae, you should examine the urine, for diabetes is a well recognized cause of this condition. If diabetes and local causes be excluded, we know that the pruritus is a neurosis, and we also know that the prognosis is very unfavorable, and that the treatment is only palliative. One of the best local applications is a lotion of

Carbolic Acid, dr. j.
Glycerine, oz. j.

or the parts may be painted with a solution of nitrate of silver on alternate days, or frequently wetted with lead and opium wash. If the pruritus be dependent upon diabetes, we can hope for relief only by dietetic treatment of the general condition; if it be a neurosis, we must administer bromide of potassium internally with arsenic and iron, for these patients are generally in a more or less debilitated condition.

Medical Student—I think, father. when I have graduated I will become a specialist,

Father—What sort of a specialist?

"I think I will make a specialty of ear diseases."

"I think you had better become a tooth specialist; man has only two ears, but he has fifty-two teeth that are always more or less out of order."

SURFACE COLOR AND CONTOUR AND THEIR RELATION TO VISCERAL LESIONS OF CAVITIES.

By Thomas H. Manley, M. D. Visiting Surgeon to Harlem Hospital, N. Y.

Very often in courts of justice, in cases of criminal or civil action, medical testimony is sought for, and depended on in a large degree, in order to enable counsel, judge, or jury to interpret the full significance of certain discolorations, or deformities, which result from violence.

At the outset the very pertinent question arises: Can a person sustain a serious or mortal lesion of any of the contents of the three great cavities without there being a trace of surface indication, that great and sudden force had been sustained in a concentrated form over a given localized area? *Per contra* may one frequently present evidences of extensive surface, disorganization without the parts beneath their enclosing walls, having been either seriously damaged, or having been compromised; either structurally or functionally in any degree whatever?

Both apothegms must be affirmatively answered; though it must also be admitted that there is a large middle class, *i.e.*, those whose deep and surface lesions, attendant on injuries, bear a close and corresponding relation in extent and degree.

A case of homicide came under my care, some years ago, in which a young man was pursued by his adversary some distance on a public thoroughfare; and when he turned to face the latter, he was shot in the abdomen, a little to the right and above the navel scar. The revolver was a 38 calibre, fired at close range. The precise point of impact was only determined by an examination of the clothing.

The young man fell in a heap. He was promptly raised and brought to a restaurant near by, where he considerably revived.

At this stage surgical aid was summoned and a very careful examination made, when, in the absence of any local evidence of injury, it was assumed that the ball had lost its velocity when it struck the abdomen and fell into his trousers; and that after all he was more frightened than hurt. His friends were assured that the syncope and shock present followed fright and would soon pass away. But, in a short time he commenced to again swoon and lose consciousness, when he was brought in by ambulance to the hospital. I saw him shortly after this, when it seemed only too clear to me that he was rapidly sinking. The coroner was sent for, but before his ante-mortem statement could be taken anæmic-asphyxia ended the scene.

Post mortem examination disclosed several enormous rents through the capsule of Glisson, with the central parenchymatous substance of the liver reduced to one mass of semi-liquid pulp.

Of the three great cavities the thoracic is the least endurable, or at any rate, is less seldom the seat of mortal lesions, following the application of force. It is this one, too, which most frequently reveals the physical consequences of injury; for few, after adult years are attained, can sustain a severe blow over the side without costal fracture. The thoracic cape is like a drum, charged with air, walled in by an elastic framework and covering. Its tegumental envelope is thick, tough and tensile in the young; so that while single or multiple fracture of a rib, or ribs is common, external traces of traumatism are very rare here. The shafts of the ribs are the only ones in the body which unite without the rainbow discoloration of the skin, which almost invariably attends the union of other bones. The absence of this phenomenon in costal injury may perhaps be explained by assuming that the sanious effusion and detritus of inflammation are wholly disposed of by the serous absorbents, upon the glandular layer under the ribs, then the venular, in the areolar tissues over the bone.

Many times, the possession of positive information, in cases of cranio-cerebral injury, by superficial or surface examination, is altogether impossible. The outline, situation and consistence of hæmatomata are so variable that nothing but the free use of the scalpel will enable one to make an exact diagnosis in cephalic injuries. And it may be said *en passant* that skull fractures are the *only* ones in which exploratory incisions are even permissible, which, properly performed, never add a new element of danger, when the dura-mater is not opened. Unhappily, in many of those brain injuries, by *contre-coup*, in which the brunt of force is borne by the base, no sort of direct exploration will avail as a diagnostic aid. On the contrary, in many cases extensive areas of the skull may be crushed in and brain substance driven through the torn scalp, yet such cases have often made good recoveries. Many injuries may be sustained by the skull, of such a pathological type, as to induce paralysis or destroy intellection, without the slightest visible or tangible trace of them at any

time, appearing on the scalp.

Surface evidences, alone, of skull injuries are unreliable and delusive; and, of themselves, should carry little weight when forensic questions are raised. As a guide to treatment, or index in diagnosis, or prognosis, they possess no positive value.

Surface indications over the planes of the abdomen, after concussive violence, are the least trustworthy of all others. The skin over the abdomen, though very thin, is more elastic, mobile and distensile than any other on the body. Hence, every surgeon with a traumatic service is familiar with the extensive destruction of muscle or organ, which often follows violence applied over the anterior or latteral regions without the integument suffering the slightest discoleration or laceration.

I have met with rupture of the urinary, the gall-bladder, the large and the small intestine, the solid viscera, and the rending of aponeurotic and muscular substance, without the integument suffering any apparent damage. At all events, none, which in any way aided in the elucidation of the serious disorganizations which were concealed underneath.

So many cases of the description above mentioned have come under my observation within the past ten years, that while their insertion here, in detail, would be full of interest, and not without some slight profit, I am at present so limited for space that I must forego their enumeration, and will conclude by formulating the following conclusions, arrived at by a study of some of the best authorities; what I have had the advantage of seeing in the practice of many eminent authors, and have observed in my own hospital service.

1st. From the standpoint of Diagnosis.

(a) As a rule surface indications in cases of serious violence sustained by any one of the three great cavities, seldom furnish reliable criteria, as to the nature, extent or situation of internal injury.

(b) In a considerable number the surface disorganization, particularly in cranial traumatisms, bears no ratio to the state of the underlying parts; as, in not a few, the surface class, may be of appalling proportions, yet vital centres wholly escaping.

(c) In another, the least numerous class, there is a close correspondence with the extent and quality of the peripheral and central disorganization.

2nd. *Prognosis, the Interpretation and Significance* of symptoms.

(a) Profound constitutional symptoms, in which psychical manifestations predominate, are of very serious import, and are generally attributable to loss of blood or leakage from a hollow viscus, when force is spent on the thorax or abdomen.

(b) In those lesions confined to the surface, the general system usually escapes immediate implication and tends to prompt recovery.

(c) In mixed cases, the danger is always greatest, yet, those who survive the immediate effects may advance towards recovery.

3rd. *Secondary or Consecutive symptoms.*

It must not be lost sight of, that with not a few, who have sustained concussive violence, though they seem to have made a good recovery, still at varying periods, after the primary injury, cerebral, cerebro-spinal, or parenchymatous degeneration, may develop in organs and thereby shorten life, or cause one to pass his existance in pain, misery and helplessness. Accordingly, some time, must always elapse before we can speak with definite certainty of ultimate results in this latter class of injuries.

352 W. 53d Street.

A CASE OF OVARIAN PREGNANCY—LAPAROTOMY-CURE.

By Emory Lamphear, M.D., Ph.D., Kansas City, Mo.

(*Surgeon to University Medical College. All Saints Hospital, etc.*)

Many a woman has gone to the grave with a diagnosis of "pelvic hæmatocele," "peritonitis," "pelvic cellulitis," etc., when the real cause of death was extra-uterine pregnancy. Fortunately we are rapidly coming to the conclusion that (1) extra-uterine pregnancy is quite frequent; (2) that it may be recognized in many cases; (3) that in modern surgical methods we have a comparatively safe cure. As for the question of "pelvic hæmatocele," from an observation of a number of cases, I am almost convinced that in nearly every instance the trouble is ruptured tubal pregnancy.

It is now pretty generally conceded that all fecundation takes place either in the tubes or on the surface of the ovary, and the wonder has been that ectopic gestation is as rare as generally believed. I do not think it is very rare—in fact it is of quite common occurrence, but because of unfavorable environments early deaths and absorption of the product of conception occurs in a large proportion of cases.

Lawson Tait has claimed that all extra-uterine pregnancy is tubal; in opposition to this Franklin Townsend, of Albany, before the American Association of Obstetricians and Gynæcologists, 1888, presented an elaborate essay (which met general approval) in which the assertion is made that "extra-uterine fœtation can and does occur either in the Fallopian tube (a frequent form), in the ovary, upon the ovary, or in the peritoneal cavity." That true ovarian pregnancy does take place is proven by the following case:

Case.—Mrs. John W., age 42 years, patient of Dr T. Brown, of Hamilton, Mo.; two children—one 18 years and one 14 years of age; pregnant 4 years ago, but miscarried at 4 months; never well since, menstruating too freely and suffering from retroversion. Last menstruation occurred the last of May, 1892; some symptoms of pregnancy. August 2, was taken with hæmorrhage from uterus accompanied by excruciating pains in left ovarian region; the bleeding stopped, but pain continued, with great collapse, and abdomen became distended to its limit. Temperature has ranged from 99½ to 102. In the night of August 15 I first saw her and examined her under chloroform. The whole pelvis was filled with a boggy mass, the lower part of abdomen very full and a lump the size of a large orange easily made out in the left ovarian region. I therefore felt convinced of the accuracy of Dr. Brown's diagnosis of ruptured tubal pregnancy and advised operation. On the morning of Aug. 16, assisted by Drs. T. Brown and H. T. Lindley I made abdominal section, and removed about one and a half gallons of fluid and clotted blood, the left ovary was found to be the seat of pregnancy, its tube being whole and unaffected save that the fimbriated extremity was bound down to the broad ligameut by inflammatory action; to the ovary the placental attachment was plainly made out and in its ruptured envelope the dead fœtus. A clamp was applied, and the broad ligament transfixed and tied with catgut, the tube, remnants of ovary and the baby cut away. The abdomen was then thoroughly irrigated with boiled hot water to the amount of about eight gallons, and the abdomen closed with catgut sutures, without drainage; with the usual dressings. Six hours later the temperature had dropped two degrees and the patient was free from pain for the first time in many days; but little shock. Aug. 20, she was reported as free from pain, sleeping well and appetite returning; temperature normal and pulse 80. Recovery was uneventful, she being allowed to sit up in bed on the tenth day and to walk a little by the sixteenth.

Examination of the specimen showed conclusively that this was a true ovarian pregnancy, the tube being as perfect as any I have ever seen save at its extremity as already mentioned.

The treatment usually advised for extra-uterine pregnancy is electricity if a diagnosis have been made prior to rupture of the enveloping structures, the idea being to destroy the vitality of the impregnated ovum and allow its absorption. This I do not believe to be good treatment for whenever pregnancy is sufficiently advanced to allow even a provisional diagnosis the mass is already so large that it can only remain, and remaining be a constant menace to the life of the patient; for no woman with such a foreign body in the pelvis can be for one moment free from danger. Fatal inflammation is likely to be set up at any time, even years afterwards. And if a wrong diagnosis have been made incalculable mischief may be done by the electric current; whereas, as Wathen says, "we find nothing against the knife, except that it is a surgical operation. No case of death has ever been reported as due to the knife. If a mistake in diagnosis has been made no harm has been done as the disease, whatever it is, will require the knife any way." And, I may add, if the condition happen to be such that nothing has to be removed, exploratory laparatomy is an almost absolutely safe operation in clean and skilled hands; I have opened many bellies for exploration and have never seen a symptom follow to cause regret. So I will say that whenever ectopic pregnancy is suspected laparatomy is indicated; and urgently.

All authorities unite in advising abdominal section whenever rupture has occurred. That this operation may be done even a week or two after the accident is proven by the case here reported. But as a rule it may be said the earlier the surgical interference the better.

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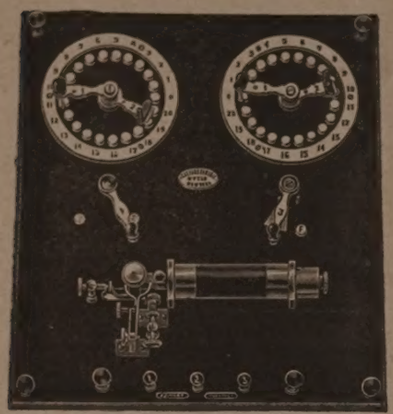

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OBITUARY.

Dr. Tod Beckwith, aged sixty-five years, a surgeon in the civil war, died Tuesday, September 27, 1892, in Jeffersonville, Ky.

On October 1st, at Grantown, Inverness, Scotland, Nellie Maud Drummond, daughter of the late James Drummond, M.D., of London.

On the 27th inst., at the residence of his parents, 10 West 35th street, New York, Henry Haight, eldest son of Dr. Henry G. and Helen H. Piffard, aged 23 years.

Dr. George Herman von Meyer formerly Professor of Anatomy in the Universtty of Zurich, died in his native city of Frankfort-on-the-Main a few weeks ago. He was seventy-seven years old.

Dr. J. H. Douglas, the famous throat specialist, who abandoned his practice and devoted his whole time to General Grant for six months during the great General's last illness, died in Washington, D. C., October 1, 1892, from the same disease which carried off the ex-President. For the past few years he had been in straitened circumstances and had been dependent on his daughter, who is a clerk in one of the departments there on a salary of $900.

Dr. A. R. Brown Horner, who was Surgeon and Medical Director U. S. Navy, died last month at Warrenton, Va, aged 88. Dr. Horner had served sixty-five years and six months in the navy, and at the time of his death was the oldest medical officer, with the relative rank of Commodore. He was three times appointed Surgeon-in-Chief of various squadrons, for many years was appointed on the Naval Medical Boards, and by seniority became Surgeon-General of the Navy.

Dr. Henry Grafton Clark, one of Boston's oldest and most highly respected physicians, died Friday afternoon, September 23d, at the residence of one of his daughters, Mrs. H. B. Miner, No. 63 Oak street, Hyde Park. The deceased began practice in Boston in 1834, when but twenty years of age, and continued until about two years ago. He was a very successful physician and his ability was recognized by the city, which he served twenty years as City Physician. He alo served in the Massachusetts General Hospital for twenty-five years. During the cholera epidemic of forty years ago he had charge of the hospital where the patients were treated. He published a book on cholera and on yellow fever. He was the first physician to define the difference between ship fever and yellow fever.

MARRIAGES

Married at Christ Church, Greenwich, Conn, Francis Glover, daughter of Francis M. Holly, M.D., of Haversack, N. J., to James Walter Monteith, of Colorado Springs, Col..

Married in this city, on Tuesday, Sept. 3, at the residence of the brides father, Dr. James Rosebrugh Leaming, by the Rev. Henry Van Dyke, D.D., Miss Abby Leaming to Frederic Wood Meeker.

On Wednesday, September 28, 1892, at the residence of the bride's father, by the Rev. Wm. A. Fiske, LL.D., Euphemia Manning, daughter of Dr. James Quee, to John C. Tredway, all of Brooklyn, N. Y.

Miss Caroline Todd Knox, eldest daughter of the late John Jay Knox, Comptroller of the Currency, and Dr. R. B. Kimball, of this city, were married Monday, September 26, at St. Paul's in Galilee Episcopal Church, at Monmouth Beach, N. J.

PERSONAL.

Dr. & Mrs. Edward Peck, No. 53 East 50th street, have returned from Narragansett Pier.

Dr. C. D. Drake, of Knoxville, Tenn, is at the Southern Hotel, St. Louis, Mo., for a few days.

Dr. & Mrs. W. M. Guernsey, of No. 27 West 52d street, city, returned last week from the Adirondacks.

Dr. Thos. L. Chrystee and family have returned to the city and are now at their home, 216 W. 46th street.

Dr. R. H. Williams and family, of Carrollton, Mo., are stopping for a few days at the Leclede Hotel, St. Louis, Mo.

Dr. Wm. H. Jackson and family have returned for the season and are now at their home, No. 556 Madison avenue.

Sir Joseph Lister, having attained the age of 65 years, has been retired from the chair of Surgery, at Kings College Hospital.

Krafft-Ebing has been unanimously recommended to succeed Meynert, deceased, in the chair of Psychiatry in the University of Vienna.

Professor Virchow has had the Russian Order of Stanislas First Class and the Grand Cross of the Swedish Order of the North Star conferred on him.

Dr. A. G. Hobbs, Professor of Ophthalmology, Otology and Rhyno Laryngology for the past twelve years in the Southern Medical College, Atlanta, Ga., has recently resigned that position.

Dr. Adolfo Arcadipane is surgeon on the Royal Italian cruiser Giovanni Bausan, now lying at anchor in East River, and which will take part in the International parade during the Columbian celebration next week.

Examinations for appointment to the House Staff at the Harlem Hospital will be held as follows: Oct. 14th, 10 a. m., Dr. A. G. Truax; Oct. 17, 2 p. m., Dr. S. T Armstong; Oct. 17th, 3 p. m., Dr. C. B. White, at the hospital; Oct. 17th, 11 a. m., Dr. T. H. Manley, 302 West 53d St. Term of service two years, beginning Nov. 1st, 1892.

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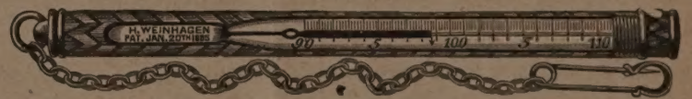

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BALTIMORE, MD., 8, November 1887. ORRAY T. SHERMAN.

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THE CORROSIVE SUBLIMATE DOUCHE.

A French physician, in a recent article on the use of the corrosive sublimate douche in lying-in women, cites thirty cases of death due to poisoning caused by the drug employed in this way. In the fatal cases, the strength of the solution was 1 to 1,000, or over, in ten instances; 1 to 1,500 in two; and 1 to 2,000 in the remainder. The absorption of the poison, the writer states, probably took place in the uterus at the site of the placenta. The symptoms observed were profuse diarrhœa with tympanites, vomiting, stomatitis, renal complications, pulmonary congestion, bronchitis, and broncho-pneumonia; later-on, circulatory disturbances, torpor, prostration, and collapse. The skin is either dry, or covered with cold and viseous perspiration; there is itching, which often precedes death; and, especially, a very peculiar and often generalized erythematous eruption. Lenticular spots also appear, which grow larger and of a deeper color at their periphery; they join together and form large blotches on the face, extremities, and trunk. The significance of this erythema is serious. It was often observed shortly before death in cases where a cure had been looked for.

The writer concludes his article by stating that corrosive sublimate must be used with "science and prudence in confinements, and that it is dangerous in inexperienced hands."

At a recent meeting of the Obstetrical Section of the N. Y. Academy of Medicine, Dr. von Ramdohr called attention to the danger of employing the corrosive sublimate douche, even in weak solutions. He said he did not see why physicians persisted in using it until a fatal case of poisoning came under their personal observation.

EDITORIAL ITEMS.

PROF. J. H. THOMPSON, of Kansas City, reports a case of hæmorrhage after enucleation of an eye—probably the first on record, though likely to occur in any case of hæmophila.

A PHYSICIAN IN Tennessee, who is evidently a stickler for etiquette, writes to the editor of the *Medical Review* that although his advantages have been but meagre, there is one thing he has never yet done, and that is, to visit a patient in his shirt-sleeves.

THE American Electro-Therapeutic Association elected the following officers for the ensuing year: President, Augustin Goelet, New York; First Vice-President, William J. Hutchinson, Providence, R. I.; Second Vice-President, W. J. Herdman, Ann Aabor, Mich.; Secretary, Margaret A. Cleves, New York; Treasurer, R. J. Nunn, Savannah, Ga.; Executive Council, William J. Morton and Robert Newman, New York; G. Belton Massey Philadelphia; Charles R. Dickson, Toronto, Ont.; and J. H. Kellogg, Battle Creek, Mich.

DEPURATIVE AGENTS.

Great attention is now being given by the medical profession to the study o antiseptics, both for internal and external use

The rapid march of surgery during the last decade is largely due to the knowledge acquired by the exhaustive study of these agents as applied to the practice of this branch of medical practice.

The application of antiseptic treatment for internal medication, however, presents more difficulty, as most substances known and used as antiseptics are toxic and dangerous when used internally in sufficient quantity and for a sufficient time to accomplish the desired object.

It is doubtless a fact that many of the ailments with which humanity is afflicted, are produced by the absorption of products of katabolic change, poisoning living secretions and tissues, depraving the functions of vital organs, and impeding or aborting those necessary changes depended upon to build up healthy tissues. Other causes are also at work to an extent not well known, viz. the direct introduction of diseases of specific character, through micro-organisms, and the absorption of the products of their decay.

Hence, one of the most important subjects that can occupy the attention of the profession is the investigation of the character, cause, and remedy for these conditions.

In a previous paper, the writer has endeavored to show, that one very important source of morbid change is deficient oxidation of the blood and consequently of the tissues, from the lack of the element upon which oxidation depends, viz. oxidizable phosphorus [Writer's ninth Edition, "Intra-Organic Oxidation a necessity to the Tissues," Jan. 892.]

The line of treatment indicated for this depraved state of the system may be devided into two, or possibly three, parts:

First,—The rebuilding of the tissues by supplying the necessary but deficient element [oxidizable phosphorus,] by the use of the particular hypophosphite, best suited to the patient's condition, ascertained by a careful study of the conflicting and antagonizing effects of the different bases, [lime, soda, iron, potassium, maganese, etc.]

Second,—The immediate relief of the over-burdened organism by opening all the channels of excretion, that the body may be speedily relieved from septic and poisonous products to the extent possible by these means, and

Third,—The use of such antiseptics and germicides as will most thoroughly and with the least shock to the system, effectually neturalize or destroy the septic cause.

It is upon the last subject that the writer wishes particularly to speak in this connection.

Iodine has long been known as an effectual antiseptic, no micro-organisms can find lodgement, or exist in its presence, fermentive action never occurs in its preparations, aqueous solutions of iodine keep indefinately, syrups containing it never ferment; But these cannot be used internally in sufficient quantity to produce complete, or even partial depurative and germicidal effects, owing to the irritant and caustic action of free iodine.

But in the combination, iodide of hydrogen, [hydriodic acid] while the iodine retains all its antiseptic and germicidal qualities, it has entirely lost its irritant and caustic properties, and is easily, even pleasantly, borne by infants and delicate females, and by its use the system may be saturated up the point of iodism, with no inconvenience to the patient.

Its promptness of action and assimilation is so great, that iodine may be detected in the urine in ten minutes after its administration upon an empty stomach. Passing at once into the circulation, it is carried to all parts of the body, and exercises its powerful influence as a depurative and germicide.

It is probable that the value of Syrup of Hydriodic acid, for the particular indications herein suggested, is not sufficiently appreciated by physicians, and their attention is earnestly called to this new view of its usefulness.

As an illustration of the antiseptic power of Syrup of Hydriodic Acid, Dr. W. H. Bentley, Woodstock, Ky., cites "Thirty-one cases of small-pox, treated in the suppurative and subsequent stages up to complete desquamation, with the happiest result in all cases with Syrup Hydriodic Acid. None of the cases lingered or made tardy recoveries. All got well." *Med. Summary*, Jnne, 1891. I have also the history of a case in which a terribly septic state, brought about by failure on the part of a midwife to deliver the second child in a case of twins, and the final extraction of the fœtus in a decomposed condition, was given no other internal antiseptic treatment than Syrup Hydriodic Acid and made a good ecovery.

For these reasons I have been led to the belief that cases of scarlet fever diphtheria, typhoid fever, and many other conditions of a similar character, would progrsss with much more rapidity, and much less suffering to the patient, if this remedy was included in the treatment.

The writer is of the opinion, however, that Syrup of Hydriodic Acid should be given by itself and not in combination, and also when the stomach is empty, that it may be absorbed without the change caused by contact with food products. This is a frequent cause of failure in its use,

That it will prove of vast benefit in combating septic infection from whatever cause I am convinced.

Any literature desired by the medical profession bearing upon the use of the writer's products will be cheerfully mailed, free of charge, by addressing the undersigned.

He cannot close this communication without cautioning the profession to specify Gardner's in prescribing, as otherwise some of the many articles sold nnder the same name may be substituted and the writer held responsible for their effects, which is a manifest injustice not only to the writer, but to the physicians and patient as well.

It is assuredly not only the right, but the duty of the physician, to insist that the patient shall procure no other than the particular remedy he has prescribed, as otherwise he cannot be held responsible for the proper treatment of the case, his views not having been carried out, and a fraud perpetrated against the prescriber and patient alike. Druggists who substitute other preparations, selected in preference because of their lower price, for the particular article specified by the physician, are unworthy of patronage, either by the physician or patient, and the prescriber is justified in forbiding his patients to patronize them.

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NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents foruric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolvedin water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

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PERITONITIS FROM GALL-STONES.*

BY W. E. B. DAVIS, M.D., BIRMINGHAM, ALA.,

President of the Tri-State Medical Society of Alabama, Georgia and Tennessee; Secretary of the Southern Surgical aud Gynecological Association; Fellow of the American Association of Obstetricians and Gynecologists; Honorary Member of the Medical Society of the State of New York.

The rapidly fatal termination of cases where stones had ulcerated through the gall-bladder or biliary ducts, and where the gall-bladder had been injured from any cause convinced many observers that the bile was the most irritating and destructive fluid of the body. This opinion was quite prevalent until a number of workers, by their experiments on animals, showed that the bile is not a septic fluid; that it is only capable of producing peritonitis from its irritating properties, that large quantities are necessary to cause a fatal inflammation, and that it produces only a simple peritonitis, the same as would be had from a chemical irritant, and that a considerable quantity, in the peritoneal cavity, may be absorbed without any marked inflammatory changes.

The fatality from a simple wound of the gall-bladder, or ducts, arises from the continued flow of bile into the cavity, the quantity being so great that the peritoneum is not capable of dealing with it, and hence an inflammation is developed which kills from its very intensity.

It was held by Bohn, in 1689, that bile might be diffused into the abdomen without any immediate injury. Sabatier, however, more than one hundred years later, had an opportunity of noticing the symptoms in a case of wound of the gall-bladder, and regarded fatal peritonitis as a necessary result of extravisation of bile into the abdominal cavity.

In cases of very small punctures of the bladder, or of injuries to the ducts, when only a small quantity of bile can escape during the first few hours after the injury, protective adhesions will usually be formed and the fluid will be shut off from the general cavity.

Cases have been operated on where the tumor contained gallons of fluid, where the bile had continued to escape when the cavity was thus protected. This condition is very analogous to the formation of an abscess within the abdominal cavity. with the exception that this owes its increasing volume to the fluid from without, through its communication with the gall-bladder or ducts, while the size of an abscess will depend on the septic process in the fluid it contains. Of course the irritation and inflammation produced by bile in the general abdominal cavity places the peritoneum in the most favorable condition for septic infection; and should there be a small quantity of septic fluid in the cavity it would generally produce a very virulent, septic peritonitis, there being prepared such favorable soil for the multiplication of septic germs. It is well known that the quantity of septic fluid introduced alone into the cavity, which would be taken up and destroyed, when introduced with a chemical irritant would produce a fatal inflammation, and this explains the often rapid termination by death of cases of traumatic injury to the gall-bladder, with the escape of bile, there being, in addition, some septic infection either introduced from without or caused by the injury of some other internal organ, or perhaps the gall-bladder may contain, in addition to bile, purulent fluid.

Peritonitis from gall-stones is very rarely a simple inflammation, it usually results from septic fluid in the bladder or ducts, combined with the bile, and unless there are protective adhesions, which limit the inflammation, a general, septic peritonitis will be established. It is well known tnat gall-stones in the biliary passages readily set up purulent and ulcerative inflammation which is their most serious pathological sequence. They are generally impacted in the cystic duct or in the mouth of the common duct and by occlusion and stenosis of the biliary passages produce dilatation of the ducts and the gall-bladder, the liver also becoming enlarged. The common and hepatic ducts are sometimes as large as the intestine and the ducts of the liver are dilated to the size of the finger. The biliary channels are first filled with bile, but after a time this fluid may be replaced by the secretion from the glands of the mucous membrane.

As already stated, peritonitis from gall-stones may be simple or septic, according to the contents of the gall-bladder or ducts, and local or general according to whether or not there is time or opportunity afforded for protective adhesions. If there has only been a small escape of fluid, even though

*Read at Detroit meeting of the American Medical Association and contributed to the DOCTORS WEEKLY by the author.

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it be quite septic, it may be shut off from the general cavity and an abscess result, which can be evacuated without great danger. This abscess may also result from the extention of an inflammation from the liver tissue. Should the quantity of fluid which escapes be too large for protective adhesions to form, then a general peritonitis will result, which will be simple or septic, according to the nature of the fluid.

The treatment of peritonitis from this cause, as in cases of peritonitis from other causes, which should concern us most, is the prophylactic. There is little to be accomplished from the treatment of well developed, septic peritonitis and the cases of inflammation that are relieved by surgical procedures are localized. Hence, when there are stones in the gall-bladder or ducts they should be removed. Cholecystotomy as first performed by J. Marion Sims, should be adopted for those in the bladder, and when they are impacted into the ducts, if they cannot be dislodged and pushed either into the bowel or bladder, the duct should be incised in order to remove the stone.

The great danger that has confronted the surgeon in removing stones from the ducts is peritonitis resulting from the escape of bile into the general cavity. If this can be prevented, the operation will be robbed of nearly all its danger.

Iodoform gauze has been used very generally for drainage in abdominal abscesses, and especially in those cases not attached to the abdominal parietes, in order to secure protective adhesions, so as to cut off the general cavity from the abscess. It is a favored means of drainage by a number of operators. Dr. Vander Veer has also used gauze packing in a case where he removed a stone from the common duct, after stitching up the duct unsatisfactorily, in order to protect the peritoneum from any bile that might escape. The value and reliability of gauze in draining bile from the abdominal cavity has been abundantly shown from my own experiments on animals. I have removed the gall bladder of a dog without tying the duct, and did nothing save to pack gauze around its opening. The gauze was allowed to remain three days, and on being removed only a small piece was introduced into the external wound to keep it open. The bile was satisfactorily drained away and the dog did not appear to be very ill. I have also made an incision into the gall-bladder large enough to introduce the index finger, and was able to prevent peritonitis by packing gauze around the incision in the viscus. The gauze was removed in three days, and, as above, a piece placed in the external wound. Gauze properly placed around the gall-bladder or biliary ducts may be confidently depended on to protect the peritoneal cavity from escaping bile, and if there is no occlusion in the common duct, the opening in the bladder or duct will close as quickly as the fistula after a cholecystotomy, with the attachment of the gall-bladder to the abdominal wound. By the use of gauze it will not be necessary to extirpate a small gall-bladder which has contracted on a stone and which cannot be brought to the abdominal wound. The bladder can be incised and the stone removed, and if it is not possible to introduce stitches satisfactorily, gauze packed around the incision will give sufficient protection. Especially will this be a valuable method of treatment in those cases where a stone is lodged in the common or hepatic duct, or even in the substance of the liver near the surface.

Should a stricture in the common duct remain, after the removal of a stone, Dr. Gaston's operation of "duodeno-cholecystotomy" or some of its modifications, should be performed. In this operation the proper packing of gauze will render this procedure almost devoid of danger; it also renders it practicable and safe to make a communication between the bladder and intestine, without the necessity of waiting for the slow process of the ligature to cut through. However, the ligature has advantages and should be used in some cases.

After peritonitis has been established, whether it be local or general, it requires the same treatment that would be called for when it has its origin from other conditions Of course in these cases the cause must *always* be removed.

We will usually be able to make the diagnosis of this affection from the symptoms of gall-stones, but not always.

I have operated on an abscess from a large stone in the gall-bladder, in which there was no evidence of trouble in the viscus-bladder unti. after ulceration and the development of an abscess.

The points that I desire to lay most stress upon are that the danger of peritonitis from gall-stones is greater than we would be led to believe from experimental work, where normal bile produces the inflammation; and to show the value of gauze in preventing peritonitis from the escape of bile, in those cases where the injuries, whether caused by stones or made for their relief, to the gall-bladder, ducts or liver cannot be satisfactorily repaired by sutures.

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Manufacturer of Dosimetric Granules, and Seidlitz Salt,
RAVENSWOOD, CHICAGO, ILL.

Have you a Patient

With the *Consumption, Scrofula,* or any other *wasting* and *debilitating* disease?

If you have,

Try Dr. Churchill's Treatment with the Hypophosphites of Lime and Soda, *uncombined* with other drugs. For *success* you need a chemically pure preparation which you will find in *McArthur's Syrup.*

Prof. Harvey L. Byrd, of Baltimore, wrote: "After two years use of Dr. McArthur's Chemically Pure Syrup of the Hypophosphites, I do not hesitate to commend it to the profession as worthy of confidence."

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Used McArthur's Syrup we will send a bottle free to any physician willing to pay express charges, also interesting matter on the use of the Hypophosphites.

McArthur Hypophosphite Co

BOSTON, MASS.

PRESCRIPTIONS.

L' Union Medical offers the following as an effective remedy for chapped hands:

℞ Menthol, grs. xx.
Salol, grs. xxx.
Olive oil, *m* xxx.
Lanolin, ʒ ij.

Sig: Make into an ointment, and apply twice a day.

The following gargle for sore throat is given in *Les Nouveaux Remedes:*

℞ Crystallized carbolic acid, ʒ ss.
Absolute alcohol, ʒ ij.
Oil of peppermint, gtt. x.

M. Sig.: Add ten drops of this mixture to a glass of hot water, and gargle with it night and morning.

DOBELL'S SOLUTION.—(70) J. H. C., New Bedford.

The formula is as follows:

Acid Carbolic pure, 30 minims.
Soda Bi-Carbonate, 1 dr.
" Borate, " "
Glycerine, 1 oz.
Water sufficient to make 1 pint.
Mix.

It is a most excellent wash for the throat and nasal passages and as a spray for diphtheretic throat is very much used.

Cantani's method of treating cholera by injections of tannin:

℞ Boiled water or infusion of chamomile, warm, 2 liters.
Tannin, 5 to 10 grams.
Laudanum, 30 to 50 drops.
Powdered gum arabic, 50 grams.

"The temperature of the mixture and the quantity to be injected should vary according to the age of the patient and other circumstances, in the judgment of the physician. The most convenient time for administration of an enteroclysis is immediately following an evacuation." (Shakespeare.)

BETOL IN INFECTIOUS DIARRHŒALS.

[HUCHARD.]

—CACHETS.—

Betol, 2 grammes [30 grains].
Bismuth Salicylate, 5 grammes [75 grains].
Powdered Charcoal, 5 grammes [75 grains].

For 20 cachets!—One before each meal.

FOR HEMORRHOIDS.—Allingham uses the following (*Med. News*):

℞ Morphinæ, gr. v.
Hydrarg. chlor. mit., ʒ j.
Glycerin, ʒ iv.
Bismuth subnitrat.,
Vaselin., aa ʒ jss.

M Et. ft. unguent.
Sig. Apply topically.

CALOMEL ET NAPHTHALINUM.—(Bureau O. D P.)—

℞ Hydrarg. chloridi mitis.
Naphthalini deodorati, aa gr. xxx.

Mix. For external use.—(*Dr. S. Alexander.*

PULVIS ACIDI BORICI ET IODOFORMI.—(Bureau O. D. P.)—

℞ Acidi borici, gr. clxxx.
Acidi tannici, gr. x.
Iodoformi, gr. lx.

Mix. To be applied, once a day, to everted and granulated eyelids.—*Dr. W. F. Mittendorf.*

PULVIS BISMUTHI ALKALINUS.—(Bureau O. D. P.)—"Pulvis Trousseau.' Trousseau's Powders.—

℞ Bismuthi subnitratis,
Sodii bicarbonatis,
Cretæ preparatæ, aa gr. v.

Mix. One dose.

THEREPEUTIC NOTES.

INFUSION OF GUAIACUM is used by the ladies of Venezuela as a complexion improver. They also employ it for menstrual irregularities.

SWAN (*British Medical Journal*) advises vesication of the nape of the neck as a successful treatment in incontinence of the urine.

SILVER NITRATE IN DIPHTHERIA.—Dr. Pilière, of Paris, has since two years been treating diphtheria by means of swabbing the throat morning and evening with a cotton tampon saturated with a 1:30 solution of Silver Nitrate. He rubs the affected parts pretty briskly, so as to detach the false membranes; then the throat is sprayed with a 1:300 solution of corrosive sublimate, in children above two years of age, and with a 1:1000 solution in younger children—the spraying being repeated every two hours during the day and every three hours of the night. It is stated that no untoward effect is produced by this treatment, and that the diarrhoea which might occasionally occur will disappear of itself.

VISUAL DISTURBANCES PRODUCED BY MALE FERN.—Katayama and Okamoto (*Sei-I-Kwai*, June 25, 1892) draw attention to a number of reported cases in which the administration of extract of male fern has been followed by either temporary or permanent amblyopia. In each case the dose given had been about 10 grammes. Five out of the twenty-five cases recorded have occurred in Japan, and it is interesting to note also that no case of visual disturbance was noticed till the last ten years; it is suggested that the reason for this lies in the fact that the dose we are accustomed to give at the present time is much larger than that formerly deemed sufficient.

TREATMENT OF SMALLPOX BY MEANS OF DARKNESS.—Seven years ago Gallavardin drew attention to a plan of treatment for smallpox originally suggested and carried out by John, of Gaddesden, and Waters. The treatment consisted in keeping the patients absolutely away from all solar light.

DOCTOR: We clip the following from *The Times* and *Register* of Philadelphia, July 22, 1892.

"Dr. W. C. ABBOTT'S dosimetric granules have been used by several members of our staff. The granules have proved reliable in every respect; uniform, well made, and of full strength. The system is popular with patients.'—WAUGH.

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Formula of
F. E. STEWART, M.D. Ph. G.
Is a Valuable Local ANAESTHETIC
FOR INSTANT RELIEF OF
Neuralgia, Rheumatism, Sciatica, Headache, Toothache, and all Nerve Pains.

It is the Most Successful External Remedy ever offered the Medical Profession.

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COLD-IN-THE-HEAD, EARACHE AND SLEEPLESSNESS,
AN INHALER IS PACKED WITH EVERY BOTTLE.

PRICE, $4.50 per doz. 4-oz. bottles.
EXPRESS PAID.
To physicians wishing to test this remedy before prescribing, we will ship 3 trial bottles free of charge. **Express paid**, on receipt of 40 cents in stamps.

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AUTOMATIC CLASPS

BUGGY-CASE-SADDLE-BAGS
Can be Changed Instantly from Perfect Buggy Case to Saddle Bags, or vice versa.
Saves Man, Time and Money. You need it!
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Manufacturer. CENTRALIA, ILL.

I feel personally under obligations to those who have presented so valuable a product to the medical profession, and many a tired and faded patient will be revived and strengthened by the life-giving preparation, ALE AND BEEF, "PEPTONIZED," which is a happy union, in that it contains mildly stimulating (alcohol in small quantity), gently tonic (a modicum of the active principle of hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well-known physiological principles, and will, in my judgment, be indorsed by careful bedside clinicians.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

Two sample bottles to any physician who will pay express charges.

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267 W. 17th St., New York.

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DEFINITE CHEMICAL PRODUCTS.

LYSOL FOR CYSTITIS.—*The Coll. and Clin. Record* reports: For *Cystitis*, Prof. Parvin said (in his lecture) that in the Jefferson Hospital injections of Lysol, of the strength of one-half per cent., have been tried, and that they seem to give very good results, the patients bearing the injection better than injections of creolin of the same strength.

LYSOL IN THE TREATMENT OF AURAL AFFECTIONS.—Haug (*Journal de Medecine de Paris*, iv, 2, 1892. p. 13) recommends irrigation with a centesimal solution of lysol in the treatment of otorrhea. In cases of coexisting in flammation of the meatus and tympanic membrane, the irrigation is preceded by instillation of a few drops of a solution of forty-eight grains of cocaine hydrochlorate in a half ounce each of distilled water and alcohol. In case

CHLORALAMID.—Dr. E. Mansel Sympson (*Practitioner*, vol. xlvii, p. 274) presents the results of his experience. While praising paraldehyde, he believes sulfonal and chloralamid to be more convenient and agreeable to the patient. He recommends chloralamid for the insomnia and delirium of acute fevers, delirium tremens, nervous insomnia (dose 30 to 40 grains). Sulfonal is more powerful in mental disease, but chloralamid is better than paraldehyde in lung disease. It does not produce a necessity for larger doses, but a habit to go to sleep without it.—*Amer. Journal of Medical Sciences.*

PIPERAZIN.—Drs. Biesenthal and Albr Schmidt, (*Berliner klinische Wochenschrift*, 1892, No. 2, p. 28) conclude from clinical observations that it is more valuable than any known remedy to dissolve uric acid and its concrements; being slightly absorbed from the stomach, it reaches the substance to be dissolved practically unchanged; it is best given in dilute solution—in soda water—15 grains daily. Its taste is not unpleasant; in proportions of 1 to 500 parts of soda water it is not detected. It does not irritate mucous membranes. Its easy solubility permits subcutaneous injection into tophi A 1 or 2 per cent. solution in 1 part of spirit and 4 of water, used as a Priessnitz's compress, is valuable for gouty swellings. It acts not only upon uric acid, but also upon phosphatic and oxalic acid calculi. —*Am. Journ. Med. Sci.*

Write for Descriptive Pamphlets on Chloralamid, Phenocoll, Piperazine, Thiol, Lysol, Creasote, etc., to the Sole Agents for America, Lehn & Fink, 128 William Street, New York. *

NEWS AND MISCELLANY.

THE average birth-rate in London is 2,866 per week. The average death-rate is 2,078.

DRUG STORES IN UNITED STATES. According to the *Pharmaceutical Record* there are over 34,000 drug stores in the United States. In the Eastern States there are 10,649, in the Southern 6,239, in the Central 13,073, and in the Western States 4,575.

THERE is a block in New York city, bounded by Ridge and Pitt, Houston and Stanton streets, in which 2,985 people live. This is at the rate of a million people to the square mile, and this block is probably unsurpassed for density of population by any other block in the world.

DESIGNS for the new buildings of St. Luke's Hospital, New York, have been submitted. They are handsome and elaborate. The hospital when finished is to face One-hundred-and-thirteenth Street. The centre of the administration building is to be 317 feet from the intersection of the street with Morningside Ave.

A LADY has just taken her M. D. degree at St. Louis, under circumstances of difficulty to which the inferior male creature, fortunately for himself, can never be exposed. A few weeks before the date of examination she presented her husband with a ninth "olive branch," and eleven days after the interesting events she was again in her place in the lecture room.

THE BABIES' HOSPITAL. Dr. A. Blair Thaw, of New York, has given $10,000 to the hospital for the erection of a cottage at Seabright, N. J., to be used as a summer branch. The corner-stone was laid on September 24th, with appropriate ceremonies, including addresses by Dr. Andrew H. Smith, Dr. E. L. Keyes, Dr. R. B. Kimball, and others. The cottage will contain twenty-eight beds, and will be ready for use next season.

THE NEW YORK HOSPITAL TRAINING SCHOOL FOR NURSES. A reception is to be given this (Saturday) evening, in the administration building, No. 8 West Sixteenth Street, by the graduating class, which consists of Miss Caroline E. C. Woodrow, Miss Linda H. Thomas, Miss Jane Hodson, Miss Annie W. Goodrich, Miss Katherine Macdiarmid, Mrs. Stella M. Weller, Miss Sarah J. Mackenzie, Mrs. Mary E. Palmer, Miss Lillie H. Ellis, Miss Annie R. Young, and Miss Fannie E. Coggeshall.

The NATIONAL MEDICAL EXCHANGE ELKHART, IND. LIST AND TERMS TEN CENTS. CORRESPONDENCE SOLICITED.

THE AMERICAN DERMATOLOGICAL ASSOCIATION, at its annual meeting, held in new London, Conn., on September 13th, 14th, and 15th, elected the following officers: President, Dr George H. Fox, of New York; vice-president, Dr. H. W. Stelwagon, of Philadelphia; secretary and treasurer, Dr. George T. Jackson, of New York; member at large of the Council, Dr. J. C. White, of Boston. The next meeting will be held in Milwaukee, on the first Tuesday of September, 1893.

THE twenty-third annual meeting of the Medical Society of Virginia was held at Alleghany Springs on Sept. 13, 14 and 15th. The following officers were elected for the ensuing year: President, Dr. Herbert M. Nash, of Norfolk; vice-presidents, Dr. W. P. McGuire, of Winchester; Dr. T. J. Taylor, of Walthall's Store, and Dr. A. Z. Koiner, of Roanoke; recording secretary, Dr. Landon B. Edwards, of Richmond; corresponding secretary, Dr. J. T. Winn, of Richmond; treasurer, Dr. R. T. Styll, of Hollins; chairman of the executive committee, Dr. Hunter McGuire, of Richmond.

A WRITER IN MUSICAL MILLIONS says he never loses time in looking for a fine vocalist in a country where fish and meat diet prevail. Vocal capacity disappears in families as they grow rich, because they eat more meat. Those Italians who eat the most fish (those of Naples and Genoa) have but few fine singers among them The sweet voices are found in Irish women of the country but not of the towns. Norway is not a country of singers, because they eat too much fish; but Sweden is a country of grain and song. The carniverous birds croak; grain-eating birds sing.—*Ex.*

NUTROLACTIS THE GALACTAGOGUE

Enables nursing mothers whose milk is scanty or poor to yield a copious supply of excellent milk in three days. Acts by improving nutrition. Formula on every bottle. Prepared by *Nutrolactis Company*, New York City. A full-sized bottle, value $1.00, free to any physician paying express charges on delivery. Please mention this journal.

HIGHLAND

Mineral Spring Water.

From

Lewiston, Maine.

A Soft Natural Water entirely free from organic impurities.

ANALYSIS.

Carbonate of Iron	1.100 grs.
Oxide of Iron	0.310 "
Chloride of Sodium	1.000 "
Sulphate of Soda and Potash	0.310 "
Carbonate of Soda and Potash	0.831 "
Carbonate of Magnesia	1.230 "
	4.781 grs

All of the above minerals and five of them in the exact form in which they are here given, are found in the human b of which they form a most essential element. These constituents explain its great value in the prevention and cure of disease.

Natural Water with Natural Gas.

The Most Easily Assimilated of all Waters.

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7/8's OF THE PATIENTS

who take cod liver oil, either pure, or in an emulsion, are forced to stop its use in a short time.

Is not this so?

Have you not demonstrated it in your practice a thousand times.

LINONINE

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Will do all that cod liver oil can do for your patients, without interfering with their stomachs.

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Give it a trial, one will convince you. Prepared for Physicians' use only.

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PURITY IS OF FIRST IMPORTANCE IN MEDICAL PRACTICE.

Owing to the difficulty of obtaining supplies of absolute purity and uniformity, many valuable medicinal agents are reluctantly discarded by the medical practitioner. This may be said of olive oil, a time-honored remedy for infantile constipation, and for facilitating the rapid and painless passage of gallstones and urinary calculi in adults. Appreciating the importance of supplying the medical profession with an absolutely pure olive oil for medicinal use, the California Vintage Company, 21 Park Place, New York, began importing such an oil some two years ago and called it to the attention of the local profession. Their olive oil, under the name of "the **CALVICO** brand," grew so rapidly in professional favor that they soon found it necessary to increase their importations from time to time until now they are able to supply it in unlimited quantity and of uniform purity and excellence. Of course this brand of olive oil is much superior to any other in the market for table use. Every bottle bears the trade-mark **CALVICO** on its label. We have used it for some time and therefore write from a personal knowledge of the superiority of the article mentioned.

Physicians may obtain the **CALVICO** brand of olive (sweet) oil through local druggists or high class grocers, or direct from the California Vintage Company, sole importers, 21 Park Place, New York City, who are also extensive dealers in pure wines, and brandies, for medical use.

It is needless to recapitulate all the various cases to which this ideal form of nutrition has been given. Suffice it to say that, in my judgment, the ALE AND BEEF, "PEPTONIZED," is all that is claimed for it, and that it furnishes mild stimulation along with nutrition in a manner to be acceptable to the most delicate stomach and agreeable to the most fastidious palate, at a time when the mouth and palate are more than weary of the various forms of slop which are presented in the average sick-room. The ALE AND BEEF, "PEPTONIZED," which is agreeable and tangible, becomes a very oasis in the "Sahara of sameness" of the lives of the weary victims of ill-health.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

Price, 25c. per bottle; $2.50 per dozen.

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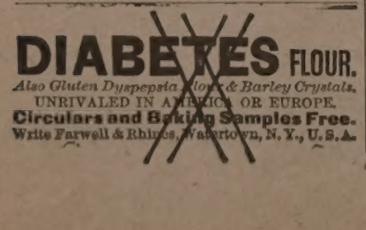
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UNRIVALED IN AMERICA OR EUROPE.
Circulars and Baking Samples Free.
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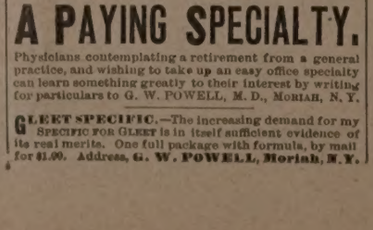
NEWS AND MISCELLANY.

DURING the week ending Sept. 24, 1892, there were reported in New York city 53 cases of diphtheria; 24 cases of measles; 52 cases of scarlet fever; 10 cases of smallpox, and 64 cases of typhoid fever. There were 913 births and 744 deaths.

DRACHM OR DRAM.—There has been some discussion among the doctors and druggists as to whether "drachm" or "dram" is the better spelling. Some of the larger drug stores settle the matter by spelling it "drachm" in the prescription department and "dram" at the rear of the store, or at the soda-water counter.—*Flor. Med. and Surg. Reporter.*

THE AMERICAN GYNÆCOLOGICAL SOCIETY. The annual meeting of this society in Brooklyn, last week, passed off agreeably and profitably. The next meeting will be held in Philadelphia, and Dr. Theophilus Parvin, of that city, is the president-elect. Dr. W. H. Parrish and Dr. W. H. Baker were chosen vice-presidents; Dr. H. C. Coe, secretary, Dr. M. D. Mann, treasurer; and Dr. A. P. Dudley, Dr. E. C. Dudley, Dr. B. B. Brown, and Dr. W. E. Ford, members of the council. The membership has now risen to ninety-one. Dr. Battey, of Georgia, and Dr. Cantani, of Naples, were elected to honorary fellowship,

NEW JERSEY HAS 4,146 miles of railroad track, which is more to the area than any other State in the United States report. In the period of one year covered by the report there were 1,560 accidents of all kinds; 1,229 persons were injured and all were killed or fatally injured. The greatest cause is that of track-walking and the second is the coupler. By jumping on and off trains, commonly designated as boarding trains, there were 204 people injured, many of them fatally. The accidents caused while coupling cars all apply to employees of the road, while two-thirds of those injured track-walking are non-employees of the railroads. There has been a slight decrease in the number of accidents caused by coupling as compared with the two previous years. Only a few of these are fatal. Many of them consist in the crushing of fingers, hands and arms. Many of the companies take the precaution to state in their report that the men injured omitted to use the coupling stick, which has been generally recommended.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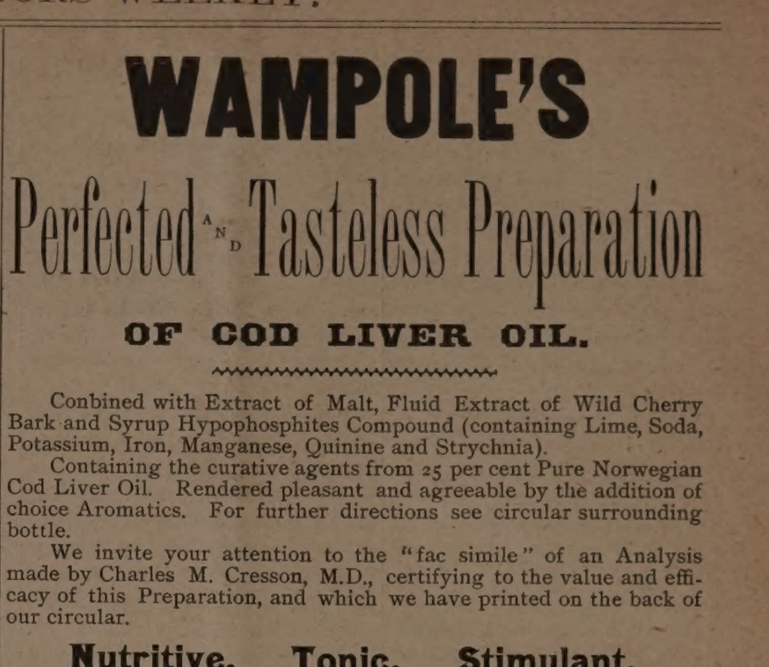
Physicians contemplating a retirement from a general practice, and wishing to take up an easy office specialty can learn something greatly to their interest by writing for particulars to G. W. POWELL, M. D., MORIAH, N. Y.
GLEET SPECIFIC.—The increasing demand for my SPECIFIC FOR GLEET is in itself sufficient evidence of its real merits. One full package with formula, by mail for $1.00. Address, G. W. POWELL, Moriah, N.Y.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OF COD LIVER OIL.
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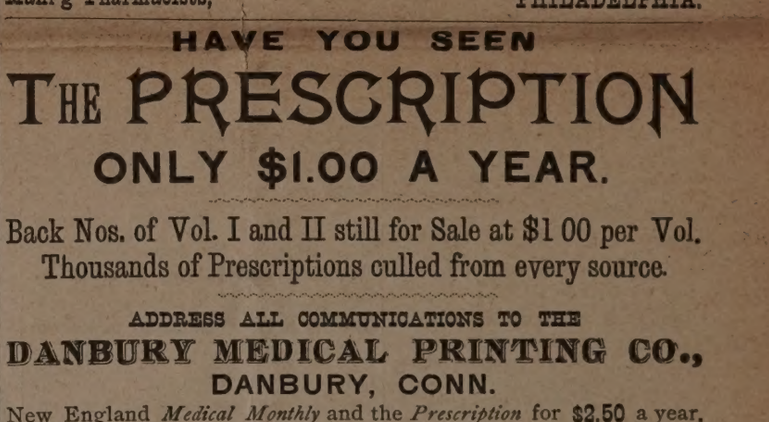
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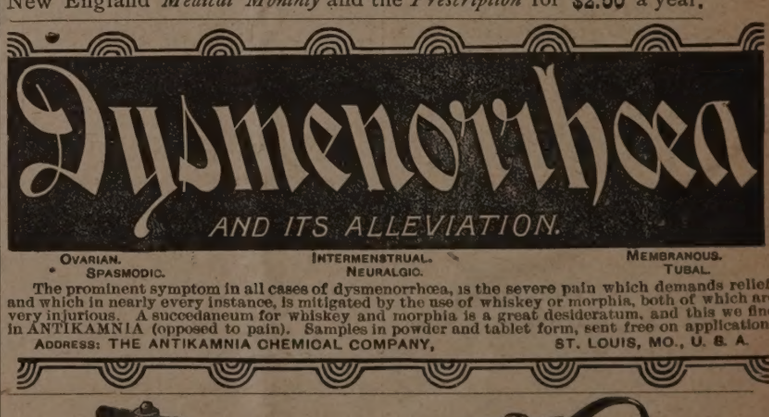
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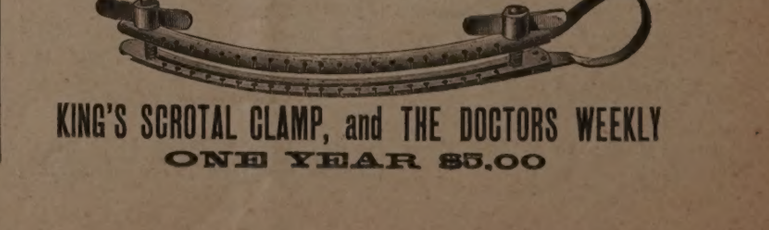

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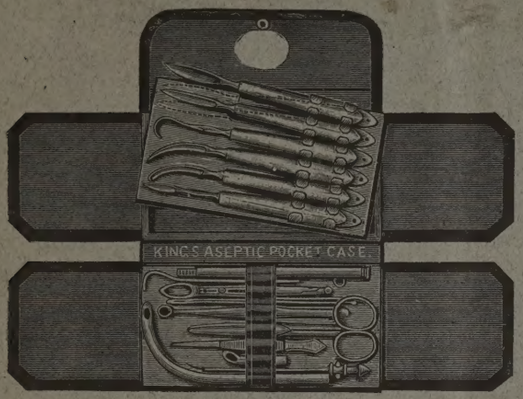

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THE instruments in this case are made of the finest razor steel, carefully tempered and fully warranted, while the handles are of steel, highly finished and nickel plated. They are carefully selected with a view to meeting the requirements of the BUSY PRACTIONER in his daily work. The case itself is made of Black Russian Calf, with light leather linings. The knives are fastened on a metal plate (by a patent fastening) which may be removed and emersed in a boiling antiseptic solution. The object of the metal plate is to protect the knives. Instruments will be substituted or changed to suit the fancy of purchaser.

Price of Case Complete, by Registered Mail, **$15.00,**

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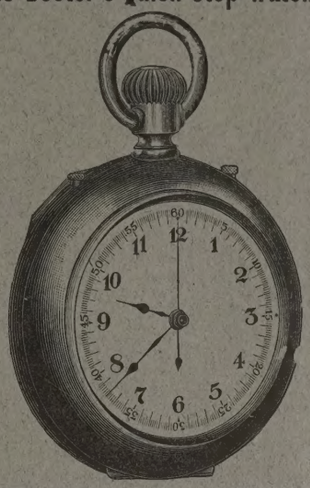

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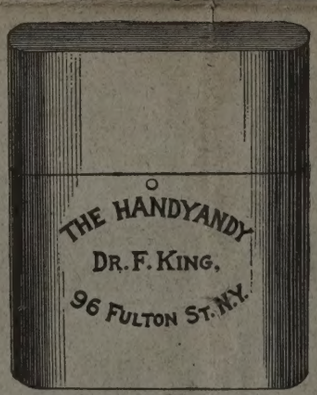

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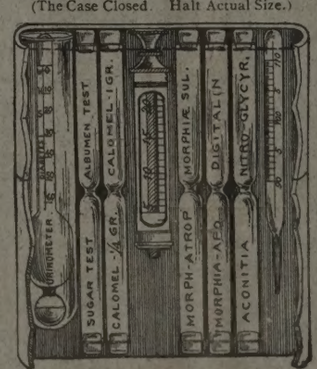

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